

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III



I. GENERATOR (Generato	or completes		nest Number		c. Page 1	of				
a. Generator's US EPA ID Number b. Manifest Document Num			ISIIT MOLLIDA	C. Page 1 of US						
d. Generator's Name and Location:			e. Generator's Mailing	Address:						
USEPA			USEPA							
77 West Jackson Street Chicago, Illinois 60804-3507			103 Maple Street Hoopeston, Illinois							
f. Phone:312-353-7613			g. Phone:312-353-7613							
If owner of the generating facility differs from	om the generato	r, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile # k. Exp. Dat			ping Name and	m. Con		n. Total	o. Unit			
		Description		No.	Туре	Quantity	Wt/Vol			
4725 13 11289	7/10/2014	ACM Materia	I							
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.										
BRAD BENNING	ŀ	K 1	Remove							
p. Generator Authorized Agent Name (Pri	int)	q. Signature		r. Date			······································			
II. TRANSPORTER (Gene			nsporter completes	lic-e)						
a. Transporter's Name and Address: Republic Services Danville, Illinois b. Phone:										
c. Driver Name (Print) d. Signature e. Date					·					
III. DESTINATION (Genera			ation Site completes				·			
a. Disposal Facility and Site Address:	tor complete	c. US EPA Num			D'					
BrickYard Disposal	-	0.002.7114	d. Discrepancy in	idioation opas	J .					
601 E Brickyard Road						-				
Danville, Illinois b. Phone: 217-443-3128		į								
I herby certify that the above named mate	rial has been ac	cepted and to the bes	st of my knowledge the fe	oregoing is true	and accu	rate.	· ·			
e. Name of Authorized Agent (Print)	f Cia	nature		g. Date	· · · · · ·					
			complete IVa-i)	y. Date						
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:										
a. Operator's Name and Address.			. Nesponsible Agency	Name and Ad	uiess.					
b. Phone: d. Phone:										
e. Special Handling Instructions and Additional Information:										
f. ☑ Friable ☐ Non-Friable ☐ Both	ı%	Friable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.										
			-							
g. Operator's Name and Title (Print)	h. Sig	nature	· · · · · · · · · · · · · · · · · · ·	i. Date						
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both										



	4705	Waste Profile #						
Requested Disposal	Facility: 4725	Brickyard Disposal IL						
Saveable fill in form. Restric	cted printing until all		,					
I. Generator Information				Sales Rep #				
Generator Name:	U.S.E.P.A.		<u>, </u>					
Generator Site Add	dress: 103 Ma	ple Street		·				
City: Hoopeston	,	County: Vermilion	State:	Illinois	Zip: 60942			
State ID/Reg No:		State Approval/Waste Code):	(if applicat	e) NAICS #.			
Generator Mailing	Address (if diff	erent): 77 West Jacksor	Blvd					
City: Chicago		County:	State:	Illinois	Zip: 60604			
Generator Contact	Name: Brad	Benning		Email:				
Phone Number: (312) 353-7613 Ext:			Fax N	Fax Number:				
II. Billing Inform	nation		·		,			
Bill To: Environme	ental Restorati	on	Conta	ntact Name: Toby Viehweg				
Billing Address: 1	Billing Address: 1666 Fabick Drive			Email: t.viehweg@erllc.com				
City: St. Louis		State: MO	Zip:	63026 F	Phone: (312) 446-6325			
III. Waste Stre	am Informa	tion						
Method of Shipmen	☐ Kerosene ☐ Aviation ☐ Hydraulio ☐ Unleaded Waste: Clear	eating Fuel #1-6 Fuel Fuel Fluid Gasoline (UST Corrective Action) up of roofing material that c	RCRA E Reated Animal Ca Plant Tra Meth Co	ntaminated Debris able asbestos	☐ Friable Asbestos ☐ Non Friable Asbestos ☐ Cured Asphalt ☐ Tires ☐ Food Products (Including Animal Food)			
waste material being company will deliver to infectious waste, or a indemnify this disposi	o the best of my offered for dispo for disposal or a ny other waste al facility agains	knowledge and belief, the informosal. I further certify that by utilitempt to deliver for disposal and material this facility is prohibited tany damages resulting from the content of this profile sheet as profi	zing this profile y waste which i I from accepting is certification I	, neither myself nor a s classified as toxic w i by law. Our compar peing inaccurate or ur	ny other employee of the vaste, hazardous waste or ny hereby agrees to fully			
Brad Benni	ng/On Scene	Coordinator		U.S.E.P.A.				
Authorized Representative Name/Title (Type or Print)			Company Name					
Bul	Bem			7/8/13				
Authorized	Representative S	gnature	Date					